# Application for Employment County of Pembina 301 Dakota Street W, Cavalier, ND 58220

•Follow instructions carefully					•Check for errors before submitting				
•Provide detail - do not use "see resume"					•Print or type				
•If accomodation or assistance is need	led in completing	g this appli	ication	, please see	the employi	ng agency			
Position(s) applying for:									
General Information									
Name (Last, First, Middle Initial) Work Telep		hone Number Home Tele		phone Numb	r Cell Phone Number				
					<u> </u>				
Mailing Address	City			State	Zip Code	Email Ad	ldress		
Maning / Address					Zip code		101033		
Can you provide proof, if hired, that y	you are eligible t	o work in	the Un	ited States	! <u> </u>	es [	] No		
Have you ever been convicted of a cr	ime other than a	minor traf	fic vio	lation?		es $\Box$	1 No		
If yes, please explain							] - ' '		
(Convictions are not an absolute bar t	to employment. 1	out will be	consi	dered in rel	lationship to	he job reau	irements.)		
Veteran's Preference	e empreyment,		Combin		attending to	are job requi			
Veteran	· · · · · · · · · · · · · · · · · · ·				f Separation.				
Disabled Veteran N				_	f Separation,	& a letter le	ess than one		
<u></u>					g disability.				
Spouse of Disabled Veteran N				_	f Separation,	& a letter le	ess than one		
					g disability.				
Spouse of Deceased Veteran		t attach DI	<b>)-</b> 214,	Report of S	Separation, &	Veteran's de	eath		
certif	icate.								
Veteran Eligibility: You must be a ND resident and ha							ionary or other		
campaign service medal during an emergency condition		released under	other tha	n dishonorable	conditions See ND	CC 37-19-1			
Education and/or Train									
Did you graduate from High School of	r receive a GED	?		Yes	No				
SCHOOL NAME and LOCA	TION	No. of Credit		s Field of Study		Did you	Diploma or		
(college, business, nursing, vocation	nal or other)	Qtr.	Sem.	Major	Minor	graduate?	Degree earned		
	1			i		□Yes			
				//		☐ No☐ Yes			
						_ □No			
						□Yes □No			
Are you related to a member of	the County C	Commissi	ion or	a Count	y employed	e? 🔲	Yes No		
If yes, to whom?	<u>,                                      </u>			•	. 1 .				
If the position you are applying	for involves	the opera	i ation (	of a moto	r vehicle, 1	olease pro	vide the		
following information:	•	1			, ,	1			
a.) Have you received any mov	ing violations	in the la	st thr	ee years?	Ye	s $\square N$	o		
If yes, please explain:						Ш			
b.) Please indicate valid driver's	s license held:	ПАГ	В	$\Box$ C $\Box$	$\Box$ D $\Box$ M				
c.) Do you have a CDL:			 ∙seme	nts: T		Т ПР			
**Note to applicants: Do not answer this quest		1					are applying.		
Are you capable of performing									
the job for which you are apply			No						
How did you learn about this opening	<u> </u>								

Date Available:

Salary Desired:

#### (Provide detail; do not use "see resume") Employment History: Start with your current or last job - include armed forces service and self-employment; any change of job title under the same employer should be considered a separate position. Please make additional copies if you have additional employment history. ☐ Yes May we contact your current employer for a reference? $\exists$ No Employer Supervisor's Name Supervisor's Tel. No. Type of Business Address Your Job Title Dates employed (indicate months and years) Avg. hours worked From: To: per week Duties: Monthly Salary Reason for Leaving **Employer** Supervisor's Name Supervisor's Tel. No. Type of Business Address Your Job Title Dates employed (indicate months and years) Avg. hours worked From: To: per week **Duties:** Monthly Salary Reason for Leaving Employer Supervisor's Tel. No. Supervisor's Name Type of Business Address Your Job Title Avg. hours worked Dates employed (indicate months and years) From: To: per week Duties: Monthly Salary Reason for Leaving I certify that all information contained in this application and my attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments. I authorize Pembina County to contact my reference and verify the information that is obtained. I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. I hereby acknowledge that if offered a position with Pembina County, my appointment will include a probationary period of a minimum of six months.

Applicant Signature:

Name: References: (Please include both	personal and business references)
Name	Telephone Number (s)
Knows applicant through:  Length of time reference has known	Address n applicant:
Dengar of time reference has known	Таррисанс
Name Knows applicant through:	Telephone Number (s)  Address
Length of time reference has known	n applicant:
Name	Telephone Number (s)
Knows applicant through:	Address
Length of time reference has known	1 applicant:
Name Knows applicant through:	Telephone Number (s)  Address
Length of time reference has known	n applicant:
Name	Telephone Number (s)
Knows applicant through:	Address
Length of time reference has known	applicant:

## PEMBINA COUNTY, NORTH DAKOTA

## EQUAL EMPLOYMENT OPPORTUNITY FORM

We invite you to complete the enclosed Equal Employment Opportunity form and return it in a separate envelope from your application.

This information will be forwarded to our Title VI Coordinator and kept completely separate from your application. This information is used for statistical purposes only as part of our ongoing efforts to maintain Title VI compliance.

Submission of this information is completely voluntary and will be kept confidential.

### EQUAL EMPLOYMENT OPPORTUNITY

Pembina County (5-2014)

Due to the receipt of federal aid funds, Pembina County is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the County invites you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatments. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to the summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This form will not be part of your applicant file or included in any documentation provided to the supervising official.

Please Print							
Name:							
Date: Position	n for which you are applying:						
Location:	Birthdate:	Gender					
		☐ Male					
		Female					
		_					
Racial/Ethnic Heritage (Check one)							
	of Cuban, Mexican, Puerto Rican, South or Centra	ıl American, or					
other Spanish culture or origin	·						
White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe,							
the Middle East, or North Afr							
Black or African American (Not Hispanic or Latino) – A person having origins in any of the black							
racial groups of Africa.							
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in							
	, Guam, Samoa, or other Pacific Islands.	1 04 5					
Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far							
East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China,							
	stan, the Philippine Islands, Thailand, and Vietnam						
American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain							
		na wno mamam					
tribal affiliation or community attachment.  Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the							
above five races.	<u>anic of Launo)</u> – An persons who identify with mo	Te man one of the					
	which you applied? (List the name of the newspaper	r employment					
agency, organization, agency employe		, employment					
agency, organization, agency employe	se, of other source).						
Your Home Address							
City	State	e Zip Code					
-							